

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>02/14/00</i>
O.I.P.E. CLASSIFIER		<i>19</i>	<i>3/100</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			<i>7/14/01</i>
			<i>4/19</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date									
Final	10	4	10	9	4	8	2	9		
Original	5	2	4	9	8	16	19	90		
	3	0	1	0	0	0	0	0		
	1	1	1	1	1	1	1	1		
1	✓	✓	✓	✓	✓	✓	✓	✓		
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Claim	Date									
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If more than 150 claims or 10 actions  
staple additional sheet here

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